

common grade, full of impurities and extraneous substances, can be obtained in the grocery stores for 3 to 5 cents per pound. The amount used at any one time, however, is so small that the expense can be of little moment to any one, except, perhaps, in large hospitals where sterilization goes on more or less constantly. I am quite sure that the surgeon giving the hydroxid a fair trial will not care to return to the use of the carbonate or bicarbonate. Owing to its high degree of deliquescence, sodium hydroxid must be kept in tightly stoppered glass bottles, preferably wide-mouthed.

I claim no originality for this discovery, for Mr. H. Leiter, the instrument manufacturer of Vienna, brought it to my attention.

Another little "stunt" worthy of mention is to rub lightly those metal instruments to be left in the case for some time with a stick of cocoa butter so that a thin film is deposited. This has the advantage over petrolatum, so generally recommended, that it is not disagreeably greasy to the touch and shelves, does not attract and hold dust, while it is equally effective in preventing rust.

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PERFORATION OF PREGNANT UTERUS IN AN UNSUCCESSFUL ATTEMPT TO PRODUCE ABORTION

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The question of the amount of trauma to which the pregnant uterus may be subjected without aborting is one which frequently comes up before us in many phases, particularly as regards the matter of operating during the term of pregnancy. I report the following case as being unique, so far as I can find, in the amount of damage done to the uterus without producing a miscarriage.

July 11, 1910, I was called by Dr. A. F. Kober, of McConnell, Ill., to see with him a patient who was apparently aborting. The patient was a woman of 35; was flowing to moderate extent; temperature, 101; pulse, about 120; and a very rigid abdomen over the uterus. She had been sick about two days before calling Dr. Kober, and delayed assistance as long as she could.

She gave a history of having attempted to bring on a miscarriage by the introduction of a twig of slippery elm. She stated that she had frequently used this means of inducing her menses when over time and had never had any previous trouble with it.

Dr. P. J. Burrell, of Winslow, Ill., was called in, and under anesthesia the patient was more thoroughly examined by introducing a sound and it was then discovered that the posterior wall of the uterus had been perforated through the cervix. On this finding, the patient was immediately hurried to the hospital and the abdomen opened. We found an infected tract extending from the perforation in the uterus along the upper portion of the sigmoid, and lying among the walls of the small intestine a number of small abscesses with a localized peritonitis about. The omentum lay partially in the perforation in the posterior wall of the uterus, whose edges were necrotic, and was about 4 cm. in diameter. The abscesses were evacuated and carefully drained, the omentum was amputated and removed, and also drainage established through the perforation and the cervix to the vagina. Nothing was done with the uterus, as regards emptying, more because of the condition of the patient than because it was considered the best policy to pursue, though it did not occur to us at the time that the ovum might still be present.

After a moderately severe convalescence the woman recovered and came to good health, believing of course, that the attempt at abortion had been successful.

The patient was dismissed from my mind and service, and it was with great surprise that on Jan. 1, 1911, she came in and I found her pregnant about seven months, as I diagnosed it at that time. March 28, Dr. Kober delivered this woman of an 8-pound child after a labor of moderate severity, with no untoward incidence, showing that the woman was probably about six weeks pregnant at the time she attempted to bring on her miscarriage.

INSTRUMENT FOR PASSING A NEEDLE WHERE SPACE IS LIMITED

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For the purpose of passing a needle and ligature where the space is limited, such as the back part of the mouth, the base of the bladder in suprapubic operations, or similar situations, I have devised the instrument shown below.

A thread semicircular needle is lodged in a semicircular overhanging guide at the bottom of the instrument; it is propelled forward by a radius arm and held in place by a compression spring and discharged through an eye in the forward end of the guide. The radius arm

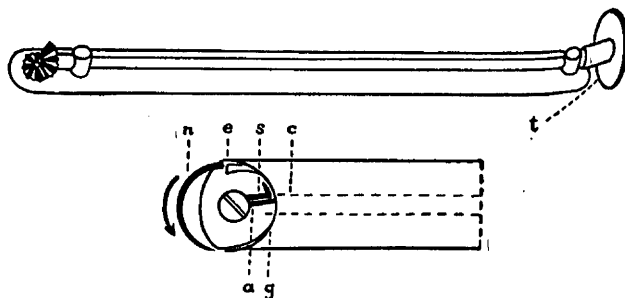


Diagram of instrument for passing a needle where space is limited.

is driven by a shaft connected with a right-angle cog movement on the back of the instrument. The cog movement is driven by a shaft connected with a milled head thumb-piece at the top of the instrument. The whole is mounted on a flat frame-piece and can be made any size to suit the necessities of the situation. In the diagram, *g* represents the guide; *a*, the driving arm; *s*, the spring; *e*, the eye in the forward end of the guide; *n*, the needle; *t*, the milled head thumb-piece; *c*, the shaft extending from the milled head to the cogs. The arrow to the left of the instrument shows the course the needle takes after leaving the instrument. The needle is engaged in the instrument by introducing the point into the eye of the guide, when the remainder falls readily into place with the butt end resting against the distal end of the driving-arm. Bringing the arm around 180 degrees, by turning the milled head, discharges the needle and causes it to pass through the remaining 180 degrees of the circle; it is now free from the instrument (*n*). If the driving arm is given a slight backward turn to prevent the thread from catching between the eye of the guide and the arm, the instrument is now withdrawn from the field of the operation, and the forward end of the needle is grasped with an ordinary needle-holder, and by a rotary motion in a manner to complete the circle. When the needle is placed in the holder, care should be taken to see that the thread is not entangled with the spring, otherwise there might be some difficulty

in getting the ligature to slip through the eye of the guide, when the instrument is withdrawn from the wound. The direction kept by the needle is on a plane with the instrument, and it passes through the tissue with much ease. Truax, Greene & Co., of Chicago, have made this instrument for me in a neat and well proportioned manner.

MICROSCOPIC DIAGNOSIS OF RABIES

A MODIFICATION OF VAN GIESON'S METHOD FOR STAINING THE CHARACTERISTIC NERVE CELL INCLUSIONS

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For several years, in the laboratory of the Pasteur Institute of Virginia, a modification of Van Gieson's well-known method of staining for the diagnosis of rabies has been practiced. It consists essentially in the use of acetone as a solvent for rosanilin in the place of alcohol. When the solution of rosanilin in acetone is diluted with water, the stain yields itself so readily to the affinity of the cell inclusions that heat is unnecessary, as when alcohol is employed, and the inclusions are quickly tinted a brilliant rose-red color.

Furthermore, the stain may be very quickly prepared, should no fresh solution be at hand, rosanilin being extremely soluble in acetone. Nor is it necessary to wait till the solution becomes saturated, though it is preferable to keep such a solution on hand if the stain is used often. The concentrated solution is more stable than that in alcohol, and hence need not be freshly prepared so often. In our laboratory it is preserved in the ice-box, and keeps well in hot weather for a month or longer.

As in Van Gieson's original method, alcohol is used as a fixing agent, and methylene-blue for counterstaining. The modification makes no difference in the results obtained, a sharp contrast being presented between the rose-red cell inclusions, the orange-red blood-cells, etc. It is believed that the readiness of the acetone solution to give up the stain, enables one to detect the inclusions more certainly in brains of animals long dead, when post-mortem or other changes render them more difficult to color. This conclusion is based on practical comparative tests of the two methods.

The following technic is commonly employed in our laboratory:

Smears containing pyramidal cells of the hippocampus, or Purkinje cells of the cerebellum, are prepared in the usual manner, allowed to dry, and fixed for two minutes in ethyl or methyl alcohol. They are then dried with blotting-paper and stained.

Two or three drops of a saturated solution of rosanilin in acetone (U. S. P.) are added to 10 c.c. of water, which is agitated with the pipette, and soon becomes a brilliant rose-red color. Then two drops of a half-saturated aqueous solution of methylene-blue are added, and the stain is applied to the smears.

Staining is completed in one or two minutes, without heat. The slide is then washed under the tap, dried, and examined.

Should a weaker than saturated solution of rosanilin be employed, it is only necessary to add more of it, drop by drop, to the water, till the usual brilliant rose-red tint is obtained, when the result will be found about the same as that obtained with the saturated solution.

AQUEOUS SOLUTION OF IODIN IN THE TREATMENT OF ULCER OF THE CORNEA

A PRELIMINARY NOTE

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At the New York Eye and Ear Infirmary we have for a number of years been using, as a routine measure in the treatment of ulcers of the cornea, a solution of mercury bichlorid with a fair amount of success, the patient instilling three to five drops three times daily, and in addition using an ointment of mercury bichlorid once or twice daily. Occasionally a 20 or 25 per cent. solution of argyrol is used in the early stages of the ulcer, especially where the secretion has a tendency to be mucopurulent. In the Morax-Axenfeld infection, with an erosion of the cornea, zinc sulphate is employed. Occasionally phenol (carbolic acid), or other forms of cauterizing, are employed when the ulcer has a tendency to be deep or is spreading. I have also followed practically the same routine in my private practice, but have not been entirely satisfied with it, in spite of additional measures, such as warm bathing, dionin, atropin, etc., except in cases in which syphilis was the principal factor.

Some six months ago, however, I commenced using a watery solution of iodine in these cases, being influenced to do so by the wonderful effect of tincture of iodine in sterilizing raw catgut. The use of iodine in infected lesions of the cornea is not new, but the method heretofore employed was not satisfactory. It was generally used by occasionally touching an ulcer with tincture of iodine, which is extremely painful unless cocaine is first employed; and this is sometimes undesirable on account of the desiccating influence of cocaine on the corneal epithelium, diminishing the resistance of the corneal tissue to further infection. (Holocain, however, does not have this influence.) I had already used iodine locally in other conditions and obtained very satisfactory results.

The patients suffering from ulcer of the cornea were treated with a solution of iodine 1 grain, sodium iodid 3 grains, and 1 ounce of water. Three drops of this solution were ordered to be instilled into the eye, three or four times daily. No other treatment was used. The cases treated were largely superficial erosions; five of them were ulcers in connection with trachomatous pannus, and several had been previously treated. The instillation of the above mentioned solution of iodine is not very painful, and the duration of the pain is not more than ten or fifteen minutes. Occasionally the conjunctiva becomes congested from its use, but this disappears when the application is stopped. After twenty-four or forty-eight hours of this treatment, the patient will tell you that his eye is less painful and more tolerant to light, and the headache, so common in these cases, diminishes rapidly. The solution can be used for several weeks without causing any further annoyance, even if the ulcer is healed. Altogether, I have treated fifteen patients by this method, and I have been so encouraged by the results that without waiting for the accumulation of further experience I take the liberty of offering it as an addition of great utility to our ocular therapeutics.

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